

**Catawba County Board of Health  
Minutes  
May 4, 2015**

The Catawba County Board of Health met on Monday, May 4, 2015. The regular meeting of the Board of Health convened at 7:00 p.m. at Catawba County Public Health, 3070 11<sup>th</sup> Av Dr SE, Hickory, NC 29602 in the Boardroom.

**Members present:** Mr. John Dollar, Vice-Chair  
Mr. Dan Hunsucker, County Commissioner  
Dr. Matthew Davis  
Mr. Brian Potocki  
Dr. David C. Hamilton, Jr.  
Ms. Brenda Watson  
Ms. Naomi East  
Dr. David L. Harvey  
Ms. Dana H. Greene

**Members Absent:** Mr. William Mixon, Chair  
Dr. Sharon Monday

**Staff present:** Mr. Doug Urland, Health Director  
Ms. Sindie Sigmon, Business Manager II  
Ms. Jennifer McCracken, Health Services Manager  
Mr. Mike Cash, Environmental Health Supervisor  
Ms. Alice Layne, Home Health Nursing Supervisor  
Ms. Julie Byrd, WIC Nutrition Supervisor  
Ms. Chantae Lail, Medical Lab Manager/Preparedness Coordinator  
Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor  
Ms. Tia Oliveri, Physician Extender/Physician Assistant  
Ms. Suzanne Baer, School Health Nurse  
Ms. Martha Knox, Administrative Assistant III

**Visitor:** The Honorable Nathaniel Poovey, Senior Resident Superior Court Judge  
Ms. Karyn Yaussy, Emergency Management Coordinator

**CALL TO ORDER**

Mr. John Dollar, Vice-Chair called the meeting of the Catawba County Public Health Board to order at 7:00p.m. Mr. Dollar welcomed Ms. Dana H. Greene the new Board Member being sworn in at this meeting, and the Honorable Nathaniel Poovey, Superior Court Judge for Catawba County.

**OATH OF OFFICE**

Ms. Dana H. Greene is an educator from Catawba County Schools, and was appointed by the Catawba County Board of Commissioners at their April 20, 2015, meeting to serve on the Catawba County Board of Health effective April 6, 2015. Ms. Greene attended orientation for Board of Health members prior to this meeting of the Board of Health.

Mr. Dollar asked the Honorable Nathaniel Poovey, Senior Superior Court Judge, to step forward and administer the oath of office to Ms. Greene. Judge Poovey read the following oath and ask Ms. Greene to repeat after him.

I, **Dana H. Greene**, do solemnly swear that I will support the Constitution of the United States; so help me God.

I, **Dana H. Greene**, do solemnly and sincerely swear that I will be faithful and bear true allegiance to the State of North Carolina, and to the constitutional powers and authorities which are or may be established for the

government thereof; and that I will endeavor to support, maintain and defend the Constitution of said State, not inconsistent with the Constitution of the United States, to the best of my knowledge and ability, so help me, God.

I, **Dana H. Greene**, do further swear that I will well and truly execute the duties as a Catawba County Board of Health member according to the best of my skill and ability, according to law; so help me God.

Mr. Dollar thanked Judge Poovey and welcomed Ms. Greene as a member of the Catawba County Board of Health.

#### **APPROVAL OF THE AGENDA**

Mr. John Dollar, Vice-Chair, stated that the agenda for the May 4, 2015, meeting was included in the packet and he asked if there were any changes to the agenda. Hearing none, Mr. Dollar asked for a motion to accept the Agenda as amended. Mr. Dan Hunsucker so moved and Mr. Brian Potocki seconded the motion. The motion passed unanimously.

#### **APPROVAL OF MINUTES**

Mr. John Dollar, Vice-Chair, stated that the Minutes for April 6, 2015, were received in the Board packet. He asked if there were any changes to be made to those minutes as presented. Hearing none Mr. Dan Hunsucker made a motion to accept the Minutes for April 6, 2015, as presented. Ms. Naomi East, seconded the motion and the motion passed unanimously.

#### **PUBLIC COMMENTS**

Mr. Dollar asked if anyone presented to speak before the Board. Ms. Martha Knox, Administrative Assistant III, stated that no one had presented to speak.

#### **NEW EMPLOYEES**

Mr. Dollar asked if there were any new employees. Ms. Martha Knox stated there were new employees present and one visitor to introduce. Ms. Knox introduced Ms. Karyn Yaussy, Emergency Management Coordinator, to the Board of Health. Ms. Yaussy is participating in the Catawba County Leadership Academy and part of that program is to attend a County Board meeting.

Ms. Knox asked Ms. Jennifer McCracken, Health Services Manager, to introduce Ms. Tia Oliveri, Physician Assistant to the Board. Ms. McCracken stated that Ms. Oliveri joined Public Health as a Mid-level Provider on March 16, 2015. Ms. Oliveri worked with Public Health through an Employment Agency prior to taking the 80% position in our Women's and Adult Health area.

Ms. Rhonda Stikeleather, Children's Services Nurse Supervisor, introduced Ms. Suzanne Baer, School Health Nurse to the Board. Ms. Baer joined the School Health Team on March 2, 2015. Ms. Baer is currently serving Longview and Oakwood Elementary Schools in the Hickory City Schools.

Mr. Dollar welcomed Ms. Yaussy, Ms. Oliveri and Ms. Baer to the meeting on behalf of the Board of Health.

#### **COMMISSIONER'S COMMENTS**

Mr. Dan Hunsucker, County Commissioner, stated that the Catawba County Board of Commissioners met on this date and adopted two proclamations.

- May 17-23, 2015 as Emergency Medical Services Week to recognize the value and accomplishments of Emergency Medical Services Providers
- May 3-9, 2015 as Public Service Recognition Week to recognize that local, state, and federal government employees serve Americans every day. Most public servants feel called to the profession,



to work on the public's behalf to build strong communities through every day service. Catawba County employees touch the lives of all residents by providing a wide range of services specified in the proclamation.

The Board of Commissioners approved revisions to the Work First County Plan as required by the State. The Department of Social Services had received notice on April 14, 2015 that the state required some revisions to the Work First Plan. These revisions included adding more details on how Social Services would achieve goals/outcomes listed in the plan; a suggested confidentiality statement, the types of emergency assistance services the County would provide to help families, and other clarifications.

Utilities and Engineering also made a presentation about the recycling and beautification program. Ms. Hunsucker stated that Catawba County Recycling is once again number one in the State. He added that landfill is capable of carrying the county's waste disposal for 70 years. This is due to the active recycling program in Catawba County, and the reduction of manufacturing waste.

### **3<sup>RD</sup> QUARTER FINANCIAL REPORT**

Ms. Sindie Sigmon, Business Manager, gave the 3<sup>rd</sup> quarter financial report. She stated a quarterly financial report is given after the end of each quarter to update Board members on the status of Public Health's finances. She stated that revenues received from State grants come in at different times over the year. Therefore, PH may expend everything and then receive additional revenue later in the year.

School nurse funding is drawn down from the State first, then from Catawba Valley Medical Center. After those funds are received, the three school systems pay the difference that is still outstanding for the school nurse program through the remainder of the year. Some of the schools therefore will not be paying until the last quarter of the year (April-June).

Medicaid and Fee Revenue – Ms. Sigmon stated regarding Home Health 3<sup>rd</sup> party, is currently at 53%. She explained that the County Share at the bottom of the page is at 147.9%, and some of that is being used to cover a deficit in Home Health. Home Health has an accounts receivable at about \$750,000 each month. Although that is a healthy AR, there are lower numbers of referrals at this time. Additional reasons for lower revenue received, are the State grants that do not come in until the end of the fiscal year. County Cost Settlement – the State pays a difference based on a formula on all Medicaid visits. Those funds are received in June and are usually around \$350,000.

Expenditures are at 67.6%, which is 7.4% under the 75%, which is due to saving money where possible to make up for the deficit on the revenue side. Ms. Sigmon stated that Public Health is holding expenditure levels to the 2013-14 budgets, and this will continue through the 2015-16 budget year.

Ms. Sigmon offered to answer questions for the Board members. Mr. Hunsucker asked if the Medicaid- PMH Incentives line item in the revenues was what Ms. Sigmon was referring to when she spoke about Medicaid. Ms. Sigmon asked Mr. Doug Urland, Health Director, to give some background on the PMH.

Mr. Urland stated that Medicaid Medical Pregnancy Home (Medicaid PMH) incentives, as a Public Health agency providing prenatal services, CCPH was able to be designated as a Medicaid PMH. Incentives payments for positive birth outcomes were related to the Medicaid amount. Although, CCPH at this time is no longer a prenatal service provider, these funds are due to CCPH from 2010-11 forward. He explained the State has not paid those funds due to NC Department of Health and Human Services and the Centers for Medicaid and Medicare at the Federal level have still not agreed on the required State Plan Amendment (SPA) to the State Medicaid Plan.



In fiscal year 2010-11, 10% of funding was withheld by the Division of Medical Assistance for auditing purposes. The rule says that those funds can only be held for 18 months past the fiscal year they are withheld in, however, because the SPA has not been approved those funds are still on hold.

Mr. Urland stated that the Division of Medical Assistance recently requested job descriptions for a Medicaid audit of fiscal year 2010-11. Ms. Sigmon stated that 2008-09 was audited and CCPH never received notification that the audit had closed, however, now they are beginning an audit of 2010-11.

Ms. Sigmon stated on the second page the line item Maternal Health Medicaid Earned shows \$41,950 is the portion that CCPH has been paid for the PMH payments. CCPH is still due additional funds for PMH.

#### **PROPOSED BUDGET FOR FY2015-16**

Mr. Doug Urland, Health Director, stated that historically, the Finance Subcommittee meets with Public Health staff to review the budget and make a recommendation to approve the Public Health Budget. This usually has occurred in late January, and is presented to the Board of Health at the February meeting. However, this year the property revaluation process, State and Federal budget stressors, and the different revenue components for the County has had a different process.

Mr. Urland shared the following information concerning the 2015-16 Proposed Budget:

- Total FY 15-16 budget is \$10,477,277.
- FY 15-16 budget decreased \$605,110 over FY 14-15 budget or 5.46%.
- Salaries and fringe benefits information has not been finalized by the County at this time. We should be informed later this week in regards to if changes will or will not be made in the areas of compensation and benefits.
- Operating expenses are being held at and in some cost centers, below the level of expenses in FY 13-14. The largest reductions have been made in the area of Home Health – these reductions are being based on lower number of referrals received, which in turn, means lower therapy and supply costs. Other cost centers with large reductions include Dental and Clinical Services. Dental is based on current trend data; Clinical Services will see savings in the birth control method line due to current stock numbers and lower costs in the vaccine line due to a lower number of flu vaccine planned to be purchased in FY 15-16.
- Personnel – at this time Public Health is waiting on information from the County Budget office.
- The revenue contributors to this budget are as follows:
  - County – \$2,219,068 or 21%
  - State/Federal – \$2,126,856 or 20%
  - Fees/Medicaid – \$5,103,880 or 49%
  - Other Revenue – \$1,027,473 or 10%

#### **Major Budget Points -**

- Home Health - Our agency underwent an operational assessment for Home Health in FY 2012-13 by our cost accounting fund, Clifton, Larson Allen. We continue to access the Home Health environment on a monthly basis. The Home Health environment is a dynamic one with unknown changes, which, along with the Affordable Care Act, mean we will be closely overseeing all components of our Home Health program – both this year and next fiscal year.
- Staffing – Public Health continues to experience stress in the area of staffing due to the reductions made in FY 2012-13. Currently, we have some areas where additional services that may provide increased revenue cannot be added due to not having adequate staff to provide the service. Additionally, we are aware that some components of State addenda are only being met marginally. In the FY 15-16 budget, Public Health is requesting two additional positions be established: 1) Public Health Nurse, 2) Environmental Health Specialist, as well as, requesting to fill the currently vacant Public Information Officer (PIO) position.



Mr. Urland stated that there has been an increase in building activity, which has translated to additional permits being issued. That was the reason for the request to add an Environmental Health Specialist. He added that the PIO position is being requested to meet the ongoing need for communication and outreach to the community.

- Resources – Public Health continues to leverage all resources, both internally and externally. Our agency will continue partnerships with Catawba Pediatrics and Catawba Valley Medical Center, as well as, providing funding to Greater Hickory Cooperative Christian Ministries.

CCPH was recently informed that no funds will be available to us in the next fiscal year from the Susan G. Komen Foundation, as the regional grant process is unavailable in the Foothills group. The reduction of these funds could jeopardize our required Breast and Cervical Cancer Prevention (BCCCP) funds as we will be seeking funds to provide screening and diagnostic mammograms to qualified clients. As mentioned last year, our agency has begun working more closely with Catawba Family Care (Federally Qualified Health Center in Hickory – FQHC).

- FY 15-16 – the FY 14-15 budget utilized all current reserved funds that were earned and received in prior years in order to cover all budgetary needs and stay within our allocated State and Local funding levels. In the comment column of the budget spreadsheet you will see the use of these funds noted as “one time funds.”
- Fees – our structure is set up in the following manner:
  - **Clinical Services** Clinical fees are based on the *Medicaid Rates for Local Health Departments*, as issued by the North Carolina Department of Health and Human Services (DHHS), Division of Medical Assistance, and Division of Public Health Services. Where service cost is higher than the Medicaid rate or the Medicaid rate is unavailable, charges will be based on the actual costs. Clinical fees are billed to insurance, Medicare, or Medicaid as applicable. In the event the provider does not reimburse, the patient will be billed. Bills may include a discount based on pre-determined eligibility. Eligibility scale is based on Federal poverty level as adjusted annually by DHHS.
  - **Environmental Health Fees**  
Fees will support 100 percent of the total cost. Mr. Urland stated that the fees are charged to the property owner, and the fees are set by Public Health in consultation with the County Budget office.
  - **Home Health Fees**  
Home Health fees are based on Medicare and Medicaid rates. Where service costs (as determined by an annual cost study) are higher than the Medicare or Medicaid rate, the charges will be based on the actual cost.

In FY 14-15 our agency worked closely with the County Budget office for a thorough of immunization/foreign travel rates, and Environmental Health rates. Upon this review no recommendation for increase/decrease to these fees were recommended.

Mr. Urland stated that the General Assembly is currently in the long session of the legislature. Mr. Hunsucker stated there is currently discussion at the State level to return Medicaid back to the local governments to administer. Mr. Urland stated there are a lot of unknowns, but the proposed budget is the best information available at this time. He added that he will keep the Board updated as additional information becomes known.

Dr. Matthew Davis asked if Public Health is keeping up with the increases from Medicare and Medicaid and are the fees based on the highest insurance payments. Sindie Sigmon, Business Manager, stated that Public Health



is not in network with insurance companies; however, we cannot raise the fees so high that the self-pay individuals would be unable to pay for the services. Therefore, the rates are held at the Medicaid level plus 8%.

Mr. Hunsucker asked how Public Health determines reasonable rates versus affordable rates. Ms. Sigmon stated that staff utilizes an eligibility scale, whether they are at 0% pay or a higher percentage. Therefore, staff can determine where the majority of clients fall on that eligibility scale.

Dr. David Harvey asked if services are down and therefore expenditures are less. Mr. Urland stated that expenditures were projected to be higher than they were in reality. Dr. Harvey asked if the Public Health Board had set the priority that Catawba County Public Health would be the Home Health provider of last resort. Mr. Urland stated that the philosophy has always been to provide services to those that request the services. Some indigent care is provided; however, it is not a large number of the referrals. Medicare, Medicaid and other third party insurance companies are the majority payor sources for Home Health services.

There was discussion about the larger home health providers like Gentiva that has purchased smaller home health providers. Ms. Alice Layne, Home Health Manager stated that another advantage that companies like Gentiva have is partnerships with medical facilities such as Cornerstone, which is assisting Catawba Valley Medical Center medical practices. They also have a partnership with Ortho Carolina out of Charlotte, and they get more of the orthopedic home health referrals, which are higher payment patients with Medicare.

Dr. David C. Hamilton, Jr., asked about the lower numbers in dental. Mr. Urland stated that Dr. Patrick Maddy, Public Health's Dentist resigned after an extended leave. To cover his absence, a locum tenens Dentist has been contracted and additional mileage and hotel charges are required during this interim.

Ms. Sigmon stated in addition, Dr. Patrick Maddy was also doing hospital based surgical dental procedures at the two local hospitals. It is unknown if the next Dentist will be providing those services, therefore, the number was reduced.

Mr. Brian Potocki asked about the additional position for Environmental Health, however, the budget looks like it is projecting less fee revenue for 2015-16. Ms. Sigmon stated that there has been a vacant administrative position. In addition the new requested position is not added in until it is approved by the Commissioners.

Mr. Dan Hunsucker made a motion to approve the Budget as presented and Dr. Matthew Davis seconded the motion and it passed unanimously.

#### **OPERATING PROCEDURES SUBCOMMITTEE**

Dr. Matthew Davis, Chair of the Nominations and Operating Procedure Subcommittee, stated that Board Members have a copy of the revised Operating Procedures with changes on Page 2 Item g. and Page 3, Item 4. He added that the subcommittee met on April 29, 2015, and makes the recommendation that the following changes be made to the Operating Procedures for the Catawba County Board of Health:

##### ***g. Public Comment and Participation***

*Members of the public may attend Board meetings. If a member of the public desires to address the Board, they may do so when called upon by the Board Chair.*

*As the Board reviews community health data and information to determine health priorities as well as the policy, systems and environmental change strategies to improve the health of the community, the Board will solicit and expects broad community input to inform their decisions. The Board will consider community surveys; key stakeholder information and testimonies; reports from community coalition; evidenced based strategies; reports, information and or testimonies from vulnerable*

*population groups or representatives of those groups; and other community groups as methods for gaining input from the community.*

#### **4. Adopting Rules**

*The Board has the authority to adopt rules to protect and /or improve the public's health. The Board, in consultation with the Health Director will periodically review the need to adopt rules. Should an assessment of a public health issue require the adoption of a rule, the Board will comply with NC G.S. 130A-39 and other existing local, state or federal laws and, in consultation with Catawba County Attorney will adopt a process to address that unique health threat or concern. "The court stated that a board of health acts within its authority when it enacts a rule that is related to the promotion or protection of health; is reasonable in light of the health risk addressed; does not violate any law or constitutional provision; is not discriminatory; and does not make distinctions based upon policy concerns traditionally reserved for legislative".<sup>1</sup>*

<sup>1</sup> Health Law Bulletin. No. 81, November 2003. *The Rulemaking Authority of North Carolina Boards of Health*, Aimee Wall; 124 N.C.App. 578, 478 S.E.2d 528 (1996).

Dr. Davis added that these changes are being made to clarify the public comment and participation at the public Board of Health meetings.

Dr. David Harvey made a motion to approve the Operating Procedures as amended. Ms. Brenda Watson seconded the motion and it passed unanimously.

Mr. Doug Urland, Health Director, stated that North Carolina Local Health Department Accreditation standards require that the Operating Procedures be reviewed annually and revised as needed.

Mr. John Dollar, Vice-Chair, requested that Board Members receive the updated budget information for the 2015-16 budget, once the budget is finalized. Mr. Urland stated that the Board will receive updates

#### **HOME HEALTH GOVERNING BODY AND ADVISORY BOARD**

Mr. William Mixon asked for a motion to leave regular session of the Catawba County Board of Health and reconvene as the Home Health Governing Body and Advisory Board. Mr. Dan Hunsucker so moved and Dr. David C. Hamilton, Jr., seconded the motion and it passed unanimously.

Mr. Dan Hunsucker made a motion to return to the regular session of the Catawba County Board of Health. Ms. Naomi East seconded the motion and it passed unanimously.

#### **PREPAREDNESS MEDICAL COUNTERMEASURES – REGIONAL FULL SCALE EXERCISE**

Ms. Chantae Lail, Medical Lab Manager and Preparedness Coordinator, stated that a Full Scale Medical Countermeasures Regional Dispensing Exercise was held on April 22-24, 2015. Ms. Lail gave background information about the exercise that Public Health staff participated in this past April. The CDC has a Strategic National Stockpile Program (SNS) and it has large quantities of medicine, medical supplies to be used to protect the American public if there is a severe public health emergency that local supplies are exhausted.

The name of the exercise in April was "Dust in the CRI Wind". Ms. Lail said that the SNS plans are based on an Anthrax exposure and each county within the state of North Carolina must have a plan on how to receive and dispense the supplies for their county or district. CRI stands for Cities Readiness Initiative.



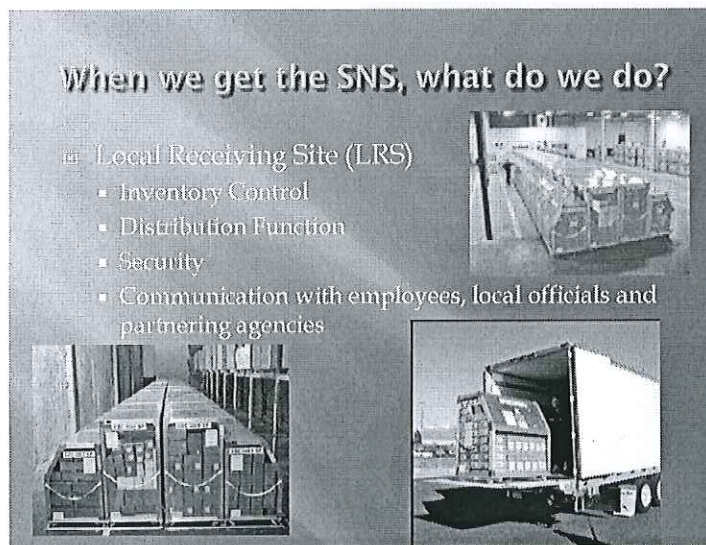
The mission of SNS is to deliver critical assets to the sites of national emergencies. Each county is required every five years to complete a full scale medical countermeasures dispensing exercise. Medical countermeasures may include: antibiotics, chemical antidotes, vaccines, IV medications, airway maintenance supplies, items for radiation, burns, blast, and wound care.

The formulary of what is contained in the SNS is based on threats that pose the most severe risk to the public such as: Smallpox, Anthrax, Botulism, Tularemia and other Category A Biological Threat agents, Chemical, Pandemic Influenza, Radiation, etc. Once an emergency occurs and the local supply is exhausted, Public Health would ask local Emergency Management to request assistance from the State. The State would then request assistance from the Federal government and the Federal government would give the approval of the deployment of the SNS package.

The State would receive the SNS package and would forward to the local jurisdiction. Dr. Harvey asked how long that would take. Ms. Lail said that within 12 hours of the approval the package would be delivered. There are five strategic locations of supplies in the contiguous United States that can deploy SNS packages. The SNS “push” package would be sent either on a Boeing 747 or on nine tractor trailers. Ms. Lail stated that local jurisdictions can request specific supplies be sent depending on the situation.

Dr. Harvey asked where the local supplies are kept, and Ms. Lail stated they are located at local hospital pharmacies and other local pharmacies.

When the SNS arrives it must be received at the Local Receiving Site (LRS)



The inventory must be checked for accuracy, and the supply must be distributed to local partnering agencies. They must do inventory control to ensure the supplies get to the proper destination and to account for them.

A POD is the “Point of Dispensing”. A POD can be a: school gym, school cafeteria, community center, church recreation hall, fire/rescue station, or any large public meeting venue. A POD can be either small or large. It can grow or contract depending on the local situation. Ms. Lail stated that the reason the SNS plan is based off of Anthrax is because once Anthrax has been released there is a 48 hour window to administer medication to people before they become ill. Therefore, if you subtract the 12 hour period for delivery of the supplies, there would be a “36 hour” period to administer the medication to 154,000 people.

Ms. Watson asked if staff have a plan to call in extra help when needed. Ms. Lail stated that there is list of people to call included in the plan. The CDC enlists the pharmacists with the State of North Carolina as well as



one of their representatives come and review Catawba County Public Health's SNS plan annually. Ms. Lail stated the requirements for the plan change, but that is to ensure local jurisdictions are prepared in the event of an emergency to protect the public. See *Minutes Attachment I* for examples of what a POD would look like.

In CCPH SNS plan, to dispense to the entire county the POD would be set up at the fairgrounds. Medication in pill form is dispensed in a "head of household" manner, which allows one family member to pick up medication for their family. There are partnerships with "closed" PODS in the hospitals, and those PODs will care for their patients, employees and employees families, which reduces the burden of the Public Health distribution.

There are four simple steps to complete a POD:

- A form to collect pertinent medical information on the patient and family members.
- The form is given to a medical provider
- Turn in the form
- Pick up the medication and leave the site of dispensing.

Ms. Lail shared pictures of the regional exercise in Iredell County, and she added that twelve counties participated in the exercise. Those counties were: Catawba, Iredell, Lincoln, Gaston, Cleveland, Mecklenburg, Cabarrus, Rowan, Stanley, Anson and Union. Charlotte-Mecklenburg is the Cities Readiness Initiative city. The Cities Readiness Initiative Program is a federally funded program to enhance preparedness in the nation's major metropolitan statistical areas.

Dr. Matthew Davis asked if there was a cost to the public for medication dispensed at a POD. Ms. Lail stated that the SNS supply is free to the public; the federal government covers the cost. Dr David Harvey asked if the federal government provided the security, and Ms. Lail stated that security at the PODs is generated locally and the Plan includes the security measures. 22 staff members from CCPH participated in this full scale exercise and our partners in Catawba County Emergency Management and Catawba County Sheriff's Department participated in the exercise as well.

The Board members discussed the need for security at dispensing sites in the case of a real emergency. Ms. Lail stated that the scenario of a security problem was practiced during the exercise. Mr. Doug Urland, Health Director, stated back in 2009 when there was an H1N1Influenza outbreak, there was a lot of coordination with both local hospitals to know where the vaccine supplies were and where it was needed when the supply arrived. Dr. David Hamilton, Jr. asked if individuals have to have IDs on them. Ms. Lail stated no, IDs are not required; however, they do need to have medical histories for family members they are picking medication up for. Dr. Hamilton asked what would prevent people from recycling back through the line to try and stockpile supply. Ms. Lail stated that the Center for Disease Control (CDC) will continue to send supplies till the needs locally are met.

Ms. Lail stated that the messages that the Public Information Officer disseminates will help ensure that the majority follow instructions safely. It is hoped that it will be a minimal problem; however, security is part of the overall plan.

Dr. David Harvey asked what the McGuire exposure would be should an accident occur. Ms. Karyn Yaussy, Emergency Management Coordinator stated that there are a lot of variables. McGuire is actually located in the corner of several counties. Catawba County has a small number of citizens that would be affected.

Ms. Yaussy stated that the number of residents in Catawba County is relatively small 2,000 – 3,000 people. Mr. Doug Urland stated that CCPH had conducted a Potassium Iodide dispensing this year. He added that a supply for that population is on hand and CCPH maintains that stockpile. If people are asked to evacuate their homes, CCPH would take the Potassium Iodide to that shelter site.

#### **HEALTH DIRECTOR'S REPORT**

Mr. Urland stated he had a brief report.

- Communicable Disease – Mr. Urland reported that there was a potential exposure to HepB virus due to a Rhesus Macaque Monkey that bit and scratched a child. This occurred at the same facility that has had previous reports. So far, the monkey has proven negative for the virus. The HepB virus carried by the Rhesus Macaque Monkey can be fatal to humans and therefore has caused trauma to this child and family. There is only 1 lab in the entire country that can perform the required lab testing for this animal, which is located in Atlanta, GA.

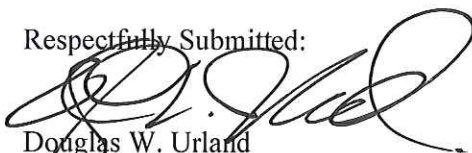
It takes a lot of resources when an incident like this occurs, when it could be avoided if the animals were prevented from having contact with humans. Ms. Brenda Watson asked if the parents were taking legal action, and Mr. Urland stated he did not know that information.

- Water Quality – Coal Ash update – CCPH is not directly involved in the situation with coal ash ponds. Several State agencies are involved with 19- 20 sites across the state. Part of the process is the well water testing protocol the NC Department of Health and Human Services is undergoing. The State recommended thus far that 20 people living in Catawba County's Sherrill's Ford area not drink their water. The well water can be used to shower, bath and wash clothes, etc. 86 wells were identified to sample in the radius in Catawba County. The State has been conducting conference calls with local public health staff to keep them informed, and Mike Cash attended the call that was held on this date.
- Air Quality – Ozone and PM<sub>2.5</sub> have been the issues that Catawba County has dealt with over the years. Mr. Urland serves on the Unifour Air Quality Committee (UAQC) as well as Commissioner Kitty Barnes and others from local governments in the area. The EPA has proposed a new standard for Ozone. At this time the standard is 75 ppb for an eight hours standard, and the UAQC wrote letter supporting the lowering of the standard to 70ppb but not lower. Lower than 70ppb could have potential economic issues. The EPA has till October to rule on the standard; however there may be delays due to the communications that the EPA is receiving. After UAQC send their letter the EPA received at least 1,000,000 responses regarding this issue.

#### **OTHER BUSINESS**

Hearing no further business, Mr. Dan Hunsucker moved that the Board of Health be adjourned. Dr. David Harvey seconded the motion and it passed unanimously. The meeting adjourned at 8:30 pm

Respectfully Submitted:



Douglas W. Urland  
Health Director

DWU: mjk



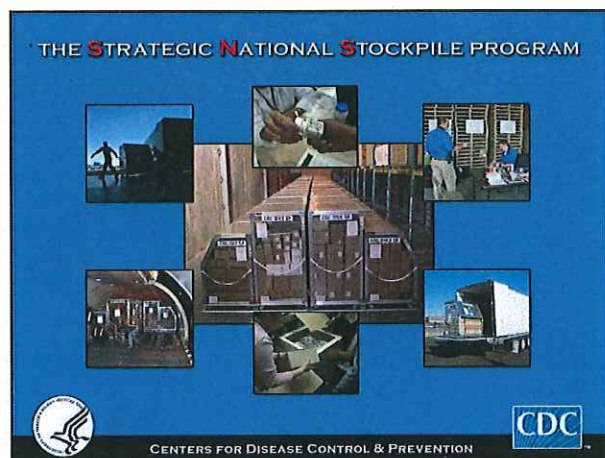
## Dust in the CRI Wind

Full Scale Medical Countermeasures  
Regional Dispensing Exercise

April 22-24, 2015

## Mission of SNS

- ▣ To deliver critical assets to the site of a national emergency



## What is the SNS? A national repository of:

- ▣ Antibiotics
- ▣ Chemical Antidotes
- ▣ Vaccines
- ▣ IV Medications
- ▣ Airway Maintenance Supplies
- ▣ Items for radiation, burns, blast
- ▣ Wound care

### Formulary Development

- Based on Category A Biological Threat Agents
  - Smallpox
  - Anthrax
  - Botulism
  - Viral Hemorrhagic Fevers
  - Plague
  - Tularemia
- Chemical
- Pandemic Influenza
- Radiation



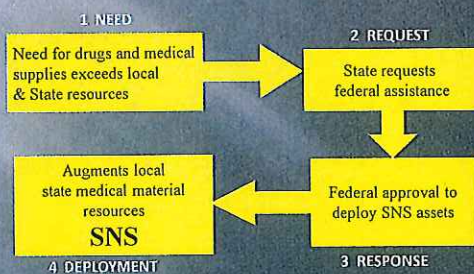
CDC 24/7

### When we get the SNS, what do we do?

- Local Receiving Site (LRS)
  - Inventory Control
  - Distribution Function
  - Security
  - Communication with employees, local officials and partnering agencies



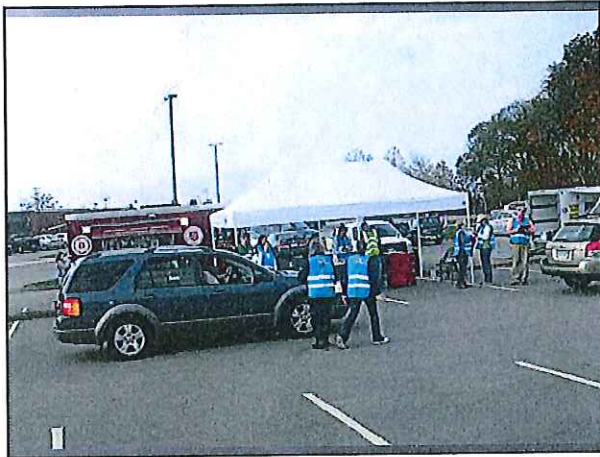
### SNS Deployment



### Mission of a POD

To *safely* dispense large quantities of medication *quickly* and *efficiently*





## Four Simple Steps

1. Fill out Form
2. Show Form
3. Pick up Medicine
4. Turn in Form & EXIT



## When would we open a POD?

- ▣ During a widespread disease outbreak, or threat of disease outbreak
  - Communicable disease outbreak
    - i.e. pandemic influenza, SARS, hepatitis, seasonal flu clinics
  - Release of a biological agent
    - i.e. *anthrax*, plague, smallpox

## Possible Locations for a POD

- ▣ School gym
- ▣ School cafeteria
- ▣ Community center
- ▣ Church recreation hall
- ▣ Fire/rescue station
- ▣ or any large public meeting venue

## What does a Point of Dispensing Site Look Like?







